Weathertzation Assistance Program

Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name: WO/12012NW9288/1
Work Order Type: Weatherization
Audit Name: Audit (60)

CLIENT INFORMATION

Client Name: Address:
Client ID: 12012NW9288

Alt. Client ID:

AGENCY INFORMATION

Agency: N.W.T.N.E.D.C Agency Phone: (731) 364-3228

Address: Fax:

dresden, TN Email Address:

Agency Contact: Smith, Randy Work Phone:

Cell Phone:

Email Address:

Company Name & License Number:	
Contractor's Signature:	

<u>COMMENT</u>

Report Run On: 5/16/2010

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Measures

	Measure 1 Infilt	tration Redctn			Componen	its		1	nspected
C	comment								
					Estimated	1		Actual	
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
2	Miscellaneous Supplies	air sealing	Each						
		upgeade attic access per swfg							
3	Miscellaneous Supplies	air sealing	Each						
		weatherstrip/caulk doors #1 and 3							
10	Miscellaneous Supplies	Infiltration Reduction	Each	1					
		pack and foam plumbing at kit and bath sinks also pack and foam head of tub and seal access							
C	Other Detail								
				Measur	e Sub Total:			Sub Total:	
	Field Notes:								

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Measure 3 Comment	DWH	Tank Insulation			Componen				Inspected
					Estimated			Actual	
# Material / Lab	or	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1 Hot Water Equipment		DHW Tank Insulation	Each	1					
		needs blanket and pipe ins							
2 Labor		DHW Tank Insulation	Each	1					
Other Detail									
				Measur	e Sub Total:			Sub Total:	
Field Notes:									
	CO N	Monitor is Needed			Componen				Inspected
Measure 5 Comment					Estimated			Actual	
Measure 5 Comment # Material / Lab	oor	Description / Comment	Units	Qty	•		Qty		Inspected Total
Measure 5 Comment	oor		<i>Units</i> Each	Qty 1	Estimated		Qty	Actual	
Measure 5 Comment # Material / Lab 1 Health and S	oor	Description / Comment			Estimated		Qty	Actual	
Measure 5 Comment # Material / Lab 1 Health and S Items	oor	Description / Comment CO monitor	Each	1	Estimated		Qty	Actual	
Measure 5 Comment # Material / Lab 1 Health and S Items 2 Labor	oor	Description / Comment CO monitor	Each	1	Estimated		Qty	Actual	
Measure 5 Comment # Material / Lab 1 Health and S Items 2 Labor	oor	Description / Comment CO monitor	Each	1	Estimated		Qty	Actual	
Measure 5 Comment # Material / Lab 1 Health and S Items 2 Labor	oor	Description / Comment CO monitor	Each Hour	1	Estimated			Actual	

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Measure 6 Smoke Detector is Needed				Componen	ts	Inspected			
C	comment								
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Smoke detector	Each	1					
2	Labor	Labor	Hour	1					
(Other Detail								
				Measur	e Sub Total:			Sub Total:	
	Field Notes:								
			Work Or	der Gra	and Total:		Gran	d Total:	